U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

<u> </u>	READ THE II	NSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED 3. (a) AMENDED — If this is an amended report correcting a previously	$\neg \neg \uparrow$
~ nc. "	022-573	From DAY YEAR filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:	
O. Hore	022-573	(a) CLIRCIDIARY . If this is a count for a subsidiary arganization of	
E		Through 1 2 3 1 2 0 0 2 (c) Substitute 1 tills is a report for a substitute of your union as defined in Section X of the instructions, check here:	
	1	8. MAILING ADDRESS	
		First Name	
İ		FRANK	
		Last Name	
		GENTILE	;
		P.O. Box · Building and Room Number (if any)	•
			$\neg \neg $
4. AFFILIATION OR ORGANIZATION	NAME		
TEAMSTERS AFL-CIO		Number and Street	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATIO	ON NUMBER 1 1 5 PROGRESS AVENUE	
LU	404	4 City	
7. UNIT NAME (if any)	<u> </u>	SPRINGFIELD	
		State ZIP Code + 4	
Are your organization's records kept	at its mailing address? Yes	**************************************	
(If "No," provide address in Item 75.)			
75. ADDITIONAL INFORMATION			
Item Number			
			ſ
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			ı
Each of the undersigned, duly authorized off accompanying documents) has been examin	icers of the above labor organization ned by the signatory and is, to the br	on, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained best of the undersigned's knowledge and belief, true, correct, and complete. See Section VI on penalties in the instructions.)	in any
		PRESIDENT 77. SIGNED: TREASURER	
SIGNED:	mule	(If other title, (If other title,	
76. SIGNED: 4 Frank 5	113-781-6326	see instructions.) / 3/24/03 4/3-781-6326 see instruction	ons.)
Date	Telephone Number	Date Telephone Number	
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Duri	ng the Reporting Period Did Your Organization:			18. How many members did your	
	Have a "subsidiary organization" as defined in	Yes	No X	organization have at the end of the reporting period?	
;	Section X of the instructions?	()		19. What is the date of your organization's next regular election of officers? MO YEAR 1 1 2 0 0	
	Create or participate in the administration of a crust or other fund or organization, as defined			20. What is the maximum amount recoverable	
	n the instructions, which provides benefits for members or their beneficiaries?	X		under your organization's fidelity bond for a loss caused by any officer or \$ 1 4 0 0 0	
40 1	to a political action promittee (DAC)			employee of your organization?	<u> </u>
	Have a political action committee (PAC)		X	21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate	
13. ,	Acquire or dispose of any goods or property in	1521		applies for any line.) Rates of Dues and Fees	
	any manner other than by purchase or sale?	X		(a) Regular Dues/Fees \$ MIN \$16;MAX \$67 per MONTH (Month, Year, etc.)	_
	Have an audit or review of its books and records			(b) Initiation Fees \$ MIN,0;MAX, 800	
	by an outside accountant or by a parent body auditor/representative?	X		(c) Transfer Fees \$	
15. I	Discover any loss or shortage of funds or		E-2	(d) Work Permits \$ N/A per MONTH	_
(other property?		X	(Month, Year, etc.)	
	or recovery.)			22. During the reporting period, did your organization have any changes in its constitution and bylaws Yes	No
	Have any officer who was paid \$10,000 or more			(other than rates of dues and fees) or in practices/ procedures listed in the instructions?	
	by your organization and also received \$10,000 or more as an officer or employee of another labor	V		(If the constitution and bylaws or practices/ procedures have changed, see the instructions.)	
(organization or of an employee benefit plan?	X		22 Managan of communications and all dead	
	_iquidate or reduce any liabilities without disbursement of cash?		X	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?	X
				24. Did your organization have any contingent liabilities at the end of the reporting period?	X
	ne answer to any of the above questions is "Yes," pro iem 75 as explained in the instructions for each item.)		etails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)	

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS !		Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		1 8 1 4 7 1	1 5 0 2 6 6
	26. Accounts Receivable		0	0
S III	27. Loans Receivable	1	0	0
ASSETS	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	2 2 8 9 0	3 8 6 2
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		2 0 4 3 6 1	1 5 4 1 2 8
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		0	0
TES	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		0	. 0
LIA	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		0	0
	38. NET ASSETS (Item 32 less Item 37)		2 0 4 3 6 1	1 5 4 1 2 8

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS Item	From SCH #		CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		9 0 5 2 9 0	56. To Officers	9	2 2 5 4 0 5
40. Per Capita Tax		0	57. To Employees	10	9 8 9 3 8
41. Fees		98695	 58. Per Capita Tax		2 0 3 7 4 4
42. Fines		0	59. Fees, Fines, Assessments, etc		1 5 6 4 9
43. Assessments		0	60. Office & Administrative Expense	13	1 0 6 1 2 2
44. Work Permits		0	61. Educational & Publicity Expense		2 3 6 1
45. Sale of Supplies		2 8 5 0	62. Professional Fees		5 0 0 0 3
46. Interest		3 0 3 3	63. Benefits	11	1 3 8 8 1 8
47. Dividends		0	64. Contributions, Gifts & Grants	12	1 1 3 9 0
48. Rents		0	65. Supplies for Resale		3 7 8 9
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		3 6 5 0 2
50. Loans Obtained	8	0	67. Withholding Taxes		1 2 6 8 4 3
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	1 6 3 0
52. On Behalf of Affiliates for Transmittal to Them		3 3	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	. 0
54. Other Receipts	14	6 8 3 4 6	71. To Affiliates of Funds Collected on Their Behalf		3 3
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	8 8 2 2 5
55. TOTAL RECEIPTS		1 0 7 8 2 4 7	74. TOTAL DISBURSEMENTS		1 1 0 9 4 5 2

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans		Repayments Receiv	red During Period	Loans
business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	(
6. Totals of Lines 1 through 5	0	0	0	0	C
The totals from Line 6 are entered in	ltem 27 Column (A)	Item 69	Item 51	Item 75with Explanation	Item 27 Column (B)

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)	Description (A)	Book Value (B)
Marketable Securities		1. None	
1. Total Cost	0	2.	
2. Total Book Value	0	3.	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.		4.	
(a) None	0	5.	
(b)		6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	0
(d)	-	The total from Line 7 is entered in	Item 31, Column (B)
Other Investments 4. Total Cost	0	SCHEDULE 4 - OTHE	R LIABILITIES
5. Total Book Value	0	Description (A)	Amount at End of Period
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		1. None	(B) O
(a) None	0	2.	
(b)		3.	
(c)		5.	(
(d)		0.	
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	0	7. Total of Lines 1 through 6	0
The total from Line 7 is entered in	Item 29, Column (B)	The total from Line 7 is entered in	Item 36, Column (D)
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SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 2 2 - 5 7 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	99900	99900	0	1 2 0 0 0
6. Office Furniture and Equipment	5 5 2 1 0	51748	3 4 6 2	4000
7. Other Fixed Assets	6 0 1	2 0 1	4 0 0	0
8. Totals of Lines 1 through 7	155711	151849	3 8 6 2	16000
The total from Line 8, Column (D) is entered in			Item 30, Column (B)	

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
0	O	0	O
			·
		ı	-
0	0	0	0
7. Less Reinvestments			0
8. Net Sales			0
	(B) 0 7. Less Reinvestments	(B) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D

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SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 2 - 5 7 3

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Cash Paid (D)	
1. HP PRINTER	117	117	117	
2. COMPUTER EQUIPMENT - TITAN	1513	1513	1513	
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	1630	1630	1630	
	7. Less Reinvestments		0	
	8. Net Purchases		1 6 3 0	
The total from Line 8 is entered in		Iter	n 68	

SCHEDULE 8 -- LOANS PAYABLE

		Lana Obtained	Repayment Made	During Period	Lana Owal st
Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
None	0	0	0	0	(
					1
i. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	
The total from Line 6 is entered in	ltem 34	Item 50	Item 70	ltem 75 with Explanation	Item 34 Column (D)

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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 2 - 5 7 3

(A) Name (List all persons who held office during the reporting period they received no salary or other disbursements.)	even if	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
GENTILE FRANK 1. PRESIDENT	С	75939	0	6927	0	8 2 8 6 6
SANTIAGO VICTOR 2. V. PRESIDENT	С	76076	0	7 4 1 2	0	8 3 4 8 8
O'CONNOR MICHAEL 3. SEC'Y/TREASURER	С	7 7 9 2 4	0	6731	0	8 4 6 5 5
GALARNEAU RALPH 4. RECORDING SEC'Y	С	76076	0	7 2 6 2	0	8 3 3 3 8
EASTON RONALD 5. TRUSTEE	С	1 1 2 5	0	0	0	1 1 2 5
MAHONEY JAMES 6. TRUSTEE	С	2 7 0 0	0	4 7	0	2747
ARVENTOS DANIEL 7. TRUSTEE	С	2 1 0 0	0	0	0	2 1 0 0
8. Totals from additional pages (if any)		,				
9. Totals of Lines 1 through 8		3 1 1 9 4 0	0	28379	0	3 4 0 3 1 9
,				10. Less Deductions	s <u>1</u>	1 4 9 1 4
The total from Line 11 is entered in		lte	em 56	11. Net Disburseme	nts 2	2 5 4 0 5

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 2 - 5 7 3

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Tota (H)	
KRAWCZYK PETER 1. ORGANIZER	4 3 6 7 2	0	1 4 8 1	0	4 5	1 5 3
BLANCHETTE LINDA 2 BOOKKEEPER	3 5 4 4 1	0	0	0	3 5	4 4 1
CAROWICK DONNA 3. SECRETARY	3 5 7 7 8	0	0	0	3 5	7 7 8
4.						
5.						
6. Totals from additional pages (if any)						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	17715	0	0	0	1 7	7 1 5
8. Totals of Lines 1 through 7	132606	0	1481	0	134	087
· · · · · · · · · · · · · · · · · · ·	A digital in		9. Less Deductions		3 5 1	4 9
The total from Line 10 is entered in	Itel		10. Net Disbursemen	ots	9 8 9	3 8

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SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 2 2 - 5 7 3

To Whom Paid (B)						
MEMBER BENEFICIARIES			1	0	0	0
NE TEAMSTERS PENSION PLAN		6	0	5	4	3
LOCAL 404 HEALTH SERVICES		7	3	9	7	5
MEMBERS			3	3	0	0
					•	
7. July 1997	1	3	8	8	1	8
	(B) MEMBER BENEFICIARIES NE TEAMSTERS PENSION PLAN LOCAL 404 HEALTH SERVICES	(B) MEMBER BENEFICIARIES NE TEAMSTERS PENSION PLAN LOCAL 404 HEALTH SERVICES MEMBERS	(B) (C) MEMBER BENEFICIARIES NE TEAMSTERS PENSION PLAN 6 LOCAL 404 HEALTH SERVICES 7 MEMBERS	MEMBER BENEFICIARIES 1 NE TEAMSTERS PENSION PLAN 6 0 LOCAL 404 HEALTH SERVICES 7 3 MEMBERS 3	(B) (C) MEMBER BENEFICIARIES 1 0 NE TEAMSTERS PENSION PLAN 6 0 5 LOCAL 404 HEALTH SERVICES 7 3 9 MEMBERS 3 3	(B) (C) MEMBER BENEFICIARIES 1 0 0 NE TEAMSTERS PENSION PLAN 6 0 5 4 LOCAL 404 HEALTH SERVICES 7 3 9 7 MEMBERS 3 3 0

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Am (I	ount 3)	t		
1. LOCAL CHARITIES			6	2	5
2. LABOR ORGANIZATIONS		2	6	1	5
3. POLITICAL			3	0	0
4. SCHOLARSHIPS		7	8	5	0
5.					
6.				•	
7. Total from additional pages (if any)					
8. Total of Lines 1 through 7	1	1	3	9	0
The total from Line 8 is entered in	 Ite	m 6	4		

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)					ouni	t -		
1. RENT				4	8	4	5	4
2. POSTAGE					8	2	6	0
3. TELEPHONE				1	2	3	0	7
4. FLOWERS, CARDS & BIBLES						4	7	8
5. SUPPLIES AND PRINTING			1	1	0	5	8	8
6. INSURANCE					3	5	1	3
7. Total from additional pages (if any)				2	2	5	2	2
8. Total of Lines 1 through 7			1	0	6	1	2	2
The total from Line 8 is entered in Item 60								

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SCHEDULE 14 - OTHER RECEIPTS

Description (A)			oun B)	t		<u> </u>
1. INS CLAIM PROCEEDS				3	0	9
2. VENDING MACHINE				4	0	6
3. SALE OF TICKETS-PROMOTIONS			3	0	5	8
4. GOLF OUTING		1	0	4	6	3
5. SCHOLARSHIP AD BOOK			5	6	1	0
6. TICKET SALES-CHRISTMAS PARTY			4	8	1	4
7 REIMBURSEMENT-ADMIN EXPENSES			3	4	5	5
8. REIMB- OUT OF TOWN EXPENSES			·		3	0
REFUNDOF ADVANCE -NITE AT 9. RACES				2	0	7
10. MBR REIMB - OUT OF WORK BENEFIT				8	3	0
11. STRIKE DONATIONS		3	7	8	7	9
12. OUT OF WORK BENEFITS FROM IBT			1	2	6	5
13. OVERPAYMENT ON CHECKOFF					2	0
14.						
15.						
16. Total from additional pages (if any)						
17. Total of Lines 1 through 16		6	8	3	4	6
The total from Line 17 is entered in Item 54						

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	-		oun B)	t		
1. REFUNDS - DUES & INITIATION FEES			4	3	5	8
2.ORGANIZING EXPENSES			1	5	4	6
3.STRIKE EXPENSES		3	9	1	4	6
4. RETIREE GIFTS / EXPENSES			1	5	0	4
5. CHILDREN'S CHRISTMAS PARTY			6	0	1	1
6.HOLIDAY EXPENSES				2	0	2
7. STEWARD EXPENSES				7	9	3
8.GOLF OUTING EXPENSE			6	7	3	0
9. PURCHASE - PROMOTIONAL TICKETS			3	0	8	0
10. SCHOLARSHIP EXPENSES			1	4	2	8
11. OTHER PAYROLL WITHHOLDINGS		2	3	2	2	0
12. EXPENSES - SPECIAL EVENTS				2	0	7
13.						
14.	i					
15.						
16. Total from additional pages (if any)						
17. Total of Lines 1 through 16		8	8	2	2	5
The total from Line 17 is entered in Item 73						

ORGANIZATION NAME:
TEAMSTERS AFL-CIO
ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)		ount B)	<u> </u>		
MACHINE MAINTENANCE		1	3	2	0
SURETY BOND PREMIUM		1	1	1	6
SUBSCRIPTIONS			_	9	9
BANK FEES				4	8
LEASE - MAIL MACHINE		2	9	6	1
MEETINGS & OUT OF TOWN TRAVEL	1	6	5	4	6
CHECKS UNCOLLECTED & RETURNED			1	5	7
INTEREST EXP			2	2	0
OVERPAYMENT ON CHECKOFF				5	5

ORGANIZATION NAME:	 	
TEAMSTERS AFL-CIO		
ENDING DATE OF PERIOD COVERED:		
12/31/2002		

75. ADDITIONAL INFORMATION

m Number		
11	IBT LOCAL 404 HEALTH SERVICES & INSURANCE PLAN 115 PROGRESS AVENUE	
	SPRINGFIELD, MA 01104	
	PURPOSE: HEALTH & WELFARE BENEFITS EIN: 06-0689974	

ORGANIZATION NAME: TEAMSTERS AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2002	

75. ADDITIONAL INFORMATION (continued)

Item Number	
13	THE UNION GIVES SHIRTS, HATS AND DECALS TO MEMBERS AND OTHERS FOR PROMOTIONAL AND ORGANIZING PURPOSES AND WATCHES AND PLAQUES TO RETIREES. THE COST OF THESE ITEMS RANGED FROM LESS THAN \$1 TO APPROXIMATELY \$50.
	THE TOTAL COST IS APPROXIMATELY \$1,000 FOR THE YEAR.
	,

ORGANIZATION NAME: TEAMSTERS AFL-CIO	— TV 1	
ENDING DATE OF PERIOD COVERED: 12/31/2002	 	

75. ADDITIONAL INFORMATION (continued)

Item Number	AUDIT PERFORMED BY OUTSIDE ACCOUNTANT, S.M. ESPOSITO & COMPANY, P.C., CERTIFIED PUBLIC ACCOUNTANTS.
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ORGANIZATION NAME: TEAMSTERS AFL-CIO		-
ENDING DATE OF PERIOD COVERED: 12/31/2002		=

75. ADDITIONAL INFORMATION (continued)

Number	EDANIZ OCNITILE, PRECIDENT, IC CHAIRMAN OF THE TEAMOTERS PASTERN REGION TOWN AREA COMMITTEE (CONTRACTOR)
16	FRANK GENTILE, PRESIDENT, IS CHAIRMAN OF THE TEAMSTERS EASTERN REGION JOINT AREA COMMITTEE (ARBITRATION PANEL).

ORGANIZATION NAME: TEAMSTERS AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2002	

75. ADDITIONAL INFORMATION (continued)

	DITIONAL INI ORMATION (continued)
Item Number 75	ITEM 21 (b) INITIATION FEES ARE WAIVED BY THE EXECUTIVE BOARD FOR NEW EMPLOYERS AND ALL PUBLIC SECTOR
, 0	EMPLOYERS.
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ORGANIZATION NAME: TEAMSTERS AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2002	<u></u>

75. ADDITIONAL INFORMATION (continued)

Item Number	DITIONAL IN ORMATION (Continued)
75	SCH 9, COL (F) TOTAL AUTOMOBILE EXPENSES ARE INCLUDED IN COLUMN (F) OF SCHEDULE 9. THE AUTOMOBILES ARE USED BY THE OFFICERS OF THE UNION MORE THAN 50% FOR OFFICIAL UNION BUSINESS.THE VEHICLES ARE ALSO USED IN PART FOR PERSONAL PURPOSES, THE VALUE OF WHICH IS INCLUDED IN COMPENSATION ON THE OFFICER'S FORM W-2 WAGE STATEMENT IN ACCORDANCE WITH IRS REGULATIONS.
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ORGANIZATION NAME: TEAMSTERS AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2002	

75. ADDITIONAL INFORMATION (continued)

Item Number 22	THE LOCAL UNION IS GOVERNED BY A UNIFORM CONSTITUTION PRESCRIBED BY THE INTERNATIONAL UNION, AND THE INTERNATIONAL UNION WILL FILE ON THE LOCAL'S BEHALF.
	INTERNATIONAL UNION WILL FILE ON THE LOCAL'S BEHALF.
1	